INFANT DAILY REPORT

NAME: _____ **DATE:** _____ **ARRIVAL:** _____

PARENT'S CORNER

I LAST FED AT: _____

LAST NIGHT I SLEPT :

❑ *GREAT* ❑ *OKAY* ❑ *NOT WELL*

INSTRUCTIONS OR GENERAL NOTES:

TODAY, I WAS: ❑ *HAPPY* ❑ *PLAYFUL* ❑ *CUDDLY* ❑ *FUSSY* ❑ *BUSY* ❑ *TIRED*

DIAPER

TIME	*DIAPER TYPE*			
	❑DRY	❑WET	❑BOWEL MOVEMENT	❑POTTY
	❑DRY	❑WET	❑BOWEL MOVEMENT	❑POTTY
	❑DRY	❑WET	❑BOWEL MOVEMENT	❑POTTY
	❑DRY	❑WET	❑BOWEL MOVEMENT	❑POTTY
	❑DRY	❑WET	❑BOWEL MOVEMENT	❑POTTY

BOTTLE

TIME	*OUNCES*	*BOTTLE TYPE*		
		❑BREAST	❑FORMULA	❑MILK
		❑BREAST	❑FORMULA	❑MILK
		❑BREAST	❑FORMULA	❑MILK
		❑BREAST	❑FORMULA	❑MILK
		❑BREAST	❑FORMULA	❑MILK

MEALS

TIME	*MEAL*	*AMOUNT*

SLEEP

START	*END*

ITEMS I NEED: ❑ *DIAPERS* ❑ *WIPES* ❑ *CREAM* ❑ *CLOTHES* ❑ *BLANKET* ❑ *OTHER*

NOTES FOR MY PARENTS: